221 S Mooney Blvd Room 104E Visalia, California 93291-4593



Rita A. Woodard Auditor-Controller/Treasurer-Tax Collector

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CLAIM FOR PROPERTY TAX REFUND PURSUANT TO REVENUE AND TAXATION CODE, SECTION 5097

- 1. I, THE UNDERSIGNED, AM THE PARTY WHO PAID THE TAX FOR WHICH CLAIM FOR REFUND IS HEREIN MADE.
- 2. THIS CLAIM IS FILED, EITHER:

VISALIA CA 93291-4545

- a. WITHIN FOUR YEARS OF PAYMENT OF THE TAX, OR WITHIN ONE YEAR OF THE MAILING OF THIS NOTICE PER TAXATION CODE, SECTION 2635 (Original notice provided in the tax year 2007/08)
- b. THIS CLAIM FORM MUST BE POSTMARKED OR RECEIVED ON OR BEFORE APRIL 1, 2014, BY 5:00 PM
- 3. THE TAX FOR WHICH CLAIM FOR REFUND IS HEREIN MADE WAS PAID ON: N/A

4. THIS CLAIM FOR REFUND IS FILED, PURSUANT TO SECTION 5096, IN THAT THE TAX WAS REDUCED DUE CORRECTION.	
ASSESSMENT NO.	BOC NO:
5. THE AMOUNT CLAIMED IS: \$	
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.	
EXECUTED ON THE DATE OF	20
Month and Day NOTE: YOUR SIGNATURE(S) MUST BE NOTARIZED IF	
THE CLAIM IS OVER \$500.	TULARE COUNTY AUDITOR -CONTROLLER / TREASURER-TAX COLLECTOR NOTARY ACKNOWLEDGMENT State of California
SIGNATURE:	County of } ss. On
PRINTED NAME:	
MAILING ADDRESS:	before me,,Notary Public, personally
CITY, STATE, ZIP:	appeared,
PHONE NUMBER:	who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this document and acknowledged to me that he/she/they
COMPANY (if applicable):	executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the
RETURN CLAIM FORM TO:	person(s) acted, executed the instrument.
COUNTY OF TULARE - AUDITOR DEPT PROPERTY TAX ACCOUNTING DIVISION 221 S. MOONEY BLVD RM 101E	WITNESS my hand and official seal.

Signature (seal)